

Kids First Trust Fund

Grantee Monthly Report - For the Month of _____
(This form is for the **first month of your contract only**)

Agency Name:	Phone:
Program Name:	E-mail:
Contact Name:	Address:
Contract No.	Address:
Counties Served:	

1.) What type of program do you provide?

parent education & support	home/hospital visitation	professional training
public awareness/education	life skills for children & youth	
local council/network support	family resource centers	

Is this service: primary secondary

2.) How many clients have you served this month? (only one category required)

_____ Families _____ Children _____ Individuals _____ Groups

3.) State each objective and describe the actions you have applied to meet each objective (use additional page only if required)

Objective 1 -

What measures have you used to meet this objective?

Objective 2-

What measures have you used to meet this objective?

Objective 3 -

What measures have you used to meet this objective?

Objective 4 -

What measures have you used to meet this objective?

Objective 5 -

What measures have you used to meet this objective?

Agency Signature

Date

Kids First Program Consultant Signature

Date

Approved_____

Denied_____